

## Self-Declaration of Income

Form A

*Must be completed by adult household members who have zero income or **cannot obtain** third-party proof of income.*

**Client Name and/or ID Number:** \_\_\_\_\_  
**Housing Case Manager Name:** \_\_\_\_\_

I, \_\_\_\_\_, am applying for housing assistance services. I understand that Program regulations require collection of gross income documentation for all household members 18 years of age and older (documentation must be complete and cover the 30 days preceding the eligibility certification or recertification date). I understand that this form is used to declare zero income or forms of income that are included in eligibility determination.

**Income includes, but is not limited to:**

- 1 Gross wages, salaries, overtime pay, commissions, fees, tips, bonuses, and other compensation for personal services
- 2 Net income from operation of a business or from rental or real personal property
- 3 Interest, dividends, and other net income of any kind for real personal property
- 4 Full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability/death benefits, and other similar types of periodic receipts except as provided in line 14 of Annual Income Exclusions
- 5 Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay except as provided in line 3 of Annual Income Exclusions
- 6 Temporary Assistance for Needy Families (TANF), including amounts designated for shelter and utilities
- 7 Alimony, child support payments, and regular contributions from organizations or from persons not residing in the dwelling
- 8 All regular pay, special pay, and allowances of a member of the Armed Forces except as provided in line 7 of Annual Income Exclusions

I certify I have received the following income in the last 30 days, but **cannot obtain** third-party proof.

Please explain why you cannot obtain income documentation:

Income Source	Pay Frequency	Annual Income

..... **OR** .....

I certify I have received income in the last 30 days, but do not anticipate receiving income from any source in the near future.

*Attach documentation of individual's gross income. Documentation must be complete and cover the 30 days preceding the eligibility certification or recertification date. Annualization of individual's income will be \$0.00.*

..... **OR** .....

I certify I have **not** received income in the last 30 days. I do not anticipate receiving income from any source in the near future.

**I understand that third-party verification is the preferred method of confirming income. I understand self-declaration is only permitted when I have zero income or attempted but cannot obtain third-party proof of income. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Program and may be grounds for termination of assistance. It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act. I agree to report any changes in income to my housing case manager immediately.**

Household Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_